

The Times and Register.

VOL. XXVII. No. 7. PHILADELPHIA, FEBRUARY 17, 1894. WHOLE No. 806.

Original.

A GLANCE AT THE MANAGEMENT OF CAPILLARY BRONCHITIS IN INFANTS.

BY DOUGLAS H. STEWART, M. D.,
NEW YORK, N. Y.

Physician to Harlem Dispensary.

Fatal capillary bronchitis is a disease of the two childhoods—the first and the second—infancy and old age, and apparently the results of the ordinary routine treatment are far from satisfactory.

The usual history as left by the messenger, who usually comes tardily, hastily and peremptorily, is first, the child has only "taken cold;" therefore it was not thought necessary to send for the doctor. Second, the child has grown much worse and now the doctor must come. Third, the child cannot breathe or cough and the doctor must hurry as fast as he can.

The clinical changes which have taken place are, first, the child has acquired an acute bronchitis; second, this has extended from the larger bronchi into the smaller, and third, the capillary bronchi being so small the secretion forms a multitude of ball-valves by means of which the air is pumped out of certain parts of the lung and they collapse.

The obstruction to the entrance of air is enough to cut off from oxygen sufficient lung to cause great dyspnoea and cyanosis. In fact, suffocation seems imminent.

My experience has been that a diagnosis of capillary bronchitis has conveyed such a false security to the minds of parents, who commonly imagine any bronchitis to be a simple affair, that they have even taken the invalid out of doors to see if the fresh air would not revive him, and they have been surprised and somewhat resentful at the result, for, of course, the blame comes home to the physician who called the illness bronchitis.

Now I am using the term "suffocative catarrh" and find more vigilance and

care in the execution of my orders if—when asked or pressed for a definite prognosis—I state that it is but "a step from this disease to a very serious form of pneumonia," viz.: broncho-pneumonia.

If you use the term bronchitis to the laity and your patient does not improve rapidly you may find an old woman applying onion or cow-dung poultices or dosing your patient with "Hive Syrup" until the child is so weakened that death from exhaustion is assured. Oftentimes in rural districts you may hear that "cow-dung is very good for such things, and if it had only been put on early enough the child might have been saved"—yea, and that John Jones Smith's child had bronchitis and only the old "doctor-woman" in attendance, but it got well on cow-dung and onions—these and horse urine will raise the dead.

With "suffocative catarrh" I find matters quite serene; the meddlers for the most part content themselves with looking wise and saying that it is a very dangerous disease, or sniffing and ejaculating that they never heard of it. But the result is the same—my patient is let alone.

We were formerly taught to regard the subcrepitant rale as the diagnostic feature, but we know now that it mostly appears when the secretion becomes more abundant, and when I have a case of bronchitis with dyspnoea and epigastric sinking during inspiration, a temperature of 102 or over I always give an opinion decidedly leaning towards suffocative catarrh, and have never yet failed to find the subcrepitant rales in three or four days.

It has proved good policy—when called during the first or dry stage of the disease—to tell the relatives that these patients are generally worse when the disease begins to "break up."

This is true, because as the secretion becomes more profuse more valves are formed, and the air in the bronchioles and vesicles is more rarified.

The parents often wonder at the bitter crying or attempts at crying, but as there is a very considerable pain along the back of the sternum, and soreness at the insertion of the muscles from the strain of coughing and breathing, this will account for it satisfactorily.

Should a capillary bronchitis present an irregular temperature, sometimes high, sometimes low, and a duration of severe symptoms of above, ten days, it is well to inquire into emaciation, sweat and diarrhoea, as it has often happened that acute miliary tuberculosis has been mistaken for a much shorter and less fatal affection.

It will be easily understood from the ball-valve explanation why we have less difficulty in breathing in broncho-pneumonia than in capillary bronchitis. The inflammation being chiefly in the bronchioles and vesicles there is less of the lung cut off—from air—en masse. In a city water supply system, for example, the stoppage of a few large mains may close all the small ones, but the closure of many small ones does not cripple the whole.

Or suppose we have a number of bladders attached to, and communicating with a common blow-pipe. If one or two of them be filled with glue and thus cut off from a blast of air blown into the pipe the others expand doubly and perform the work of the occluded ones, and we can force as much air in as before. This, too, while some of the bladders hold much more than is necessary to keep out air from all if the glue were put directly into the mouth of the blow-pipe.

Thus we may have a bronchus communicating with many bronchioles and vesicles, and the whole be cut off by a small plug of mucus. On the other hand, we may have many vesicles occluded, but the sound ones do double duty.

The treatment has for many years been emetics and ammon. carbonat. and ammon. chlor. Of the emetics syrup of Ipecac is time-honored and deservedly so; but have you never ordered this valuable remedy and on returning found your patient worse, and not a sign of vomiting? My experience of this preparation as made or kept in the average apothecary shop is far from comforting, one-half a teaspoonful of one sample acting as an emetic while a teaspoonful of another only made the little child nauseated and depressed.

It has seemed wise to me not to tell the nurse what I was giving at all, but to order Syr. Ipecac, two ounces, a teaspoonful to be given every twenty minutes until vomiting or purging; then stop, and I have generally gone back to smiling faces, instead of solemn remarks about the medicine not acting. Whatever is given in excess of the requirements will be either vomited or purged.

Children under 3 years of age do not expectorate, but we often notice quite an amount of mucus or mucopus unloaded from the bowels. The mother will often make an anxious complaint that the child does not "raise anything," but a prompt statement that little children never do, and an exhibition of the slimy passages contained in the diaper, will go far to reassure her both as to her fears and your knowledge of the case.

An emetic—Syr. Ipecac, without squills—to begin with, and given once, twice or more daily, if your patient can stand it, is good routine treatment; but if you use an emetic at all be sure you produce your effect.

Aconite I shun, as well as all other depressing agents. Turpeth mineral I once was so unfortunate with that I have never repeated it. In fact, I can find nothing after going through the list so good as the ipecac, given in large enough doses, and its relaxing effects on the mucus membranes are too well known to need comment.

The ammonium compounds I have discarded—as the only real effect I could ever find from them in the acute stage was that they made my patient sick "at the stomach." Of course, I am a heretic, and deserve boiling in oil for such a statement when all the prominent physicians of the early part of this century set the seal of approval on the chloride and carbonate—still, this is a clinical paper, and I can only give the results of experience, and not of a diffusible, stimulant, expectorant theory, and, after using them till you have lost many cases, face about and give one teaspoonful every hour of the Liq. Potassae Citratis or Mist. Pot. Citratis—a simple refrigerant diuretic—agreeable to child, lowering the temperature and having a most soothing effect on any acute inflammation.

Let the expectorants alone. They only increase the activity and congestion of the mucus membrane.

As has been previously stated, the patient grows worse with increasing secretion because the bronchioles are too small to contain the mucus already here. In fact if the disease would only stay in its dry stage there would be little dyspnoea. The less secretion the better prognosis.

Externally, if the patient is strong, flaxseed poultices; if weak, no poulticing at all—but turpentine "liniment" rubbed in thoroughly every three hours, from the chin to the pubes in front and from neck to coccyx behind.

My patients have all their clothing removed; the bandage, generally worn since birth, especially. Have the abdomen free—this is the first commandment. Then a loose cotton or muslin night-gown put on, and over this a blanket—all very loose—pinned at the neck and down the front, if necessary, with large safety pins. Don't put the patient next the blanket; some skins will not stand wool next them.

The sick room should be kept at 75 degrees—a thermometer is indispensable. On a stove, or over an alcohol flame boiling water, and into the kettle a teaspoonful of turpentine poured on the steaming water every hour, so that the case is constantly in an atmosphere of steam and the steam carries minute particles of turpentine.

Should a case prove a bad one or not making the progress I could wish, the blanket is opened and handkerchiefs wet with dilute alcohol or whisky, is spread over the chest and abdomen every fifteen minutes.

The parents will not permit cold water packing, because they fear the child will "take cold." Alcohol or whiskey is quite a different thing in their eyes from water, and they know that heat destroys the strength and virtue of spirits, and they approve of spirits, externally at least, if not in every other way; therefore, they will usually gladly second cold liquor compresses.

Keep up the packing until you find a very decided improvement—as you will if it is not too late. An improvement in breathing, in cyanosis and in dyspnoea, and a fall of from $\frac{1}{2}$ to 1 degree in rectal temperature.

Then rub the child well with dry towels and replace blanket and gown.

Should any signs of collapse appear, dry heat or a hot bag will offset them.

The alcohol or whisky acts in four

ways. First some is absorbed by skin and breathed in as a vapor. This stimulates. Second, the reaction from the cold brings the blood to the surface and away from the lungs. This relieves congestion. Third, the cold stimulates the heart and makes the patient take deeper inspirations. Fourth, it lowers the temperature.

After this I give from 10 to 20 minims hourly of peroxide of hydrogen in the following non-oxidizable mixture:

R Marchand's Sol.
Hydrogen Peroxide, drachms, 5 to 10, according to age.
ounce.
Glycerine..... 1
Aq. q. s. ad..... 4
M. Sig.—One teaspoonful every hour, as directed.

This is supposed to supply some of the lacking oxygen to the blood and it does seem, from its effect, as if the stomach did take it up.

It will be noticed that I have written "Marchand's Solution"—well, if you have used any other kind for this purpose, I am sure you don't need my arguments to convince you that you were disappointed. Also please remark that there is nothing to spoil the peroxide in the above mixture.

In conclusion watch the urine carefully, especially look out for suppression. You will scarcely find it when giving Pot. Citratis—otherwise you may, and when you relieve the suppressed urine you will often relieve the dyspnoea.

After the fever is nearly or quite gone and the cough only is left I generally start my expectorants and have found the following commonplace mixture serve me well—combined with our old standby Ol. Morrhuæ Emulsion q. s. ad. lib.

grains.
R Ammon Carb..... 20
drachms.
Vin. Ipecac..... 1
Syr. Senegæ.....
Glycerine.....
Vin. Xerid.....aa.. 4
ounce.
Syr. Tolu..... 1
Aq. q. s. ad..... 4
M. Sig.—A teaspoonful every 2 or 3 hours until cough is relieved.
ounce.
R Syr. Hypophos. Co..... 2
Syr. Calc. Lactophos..... 2
M. et Sig.—A teaspoonful four times a day until relieved.

AN IMPROVED CREOSOTE PREPARATION IN THE TREATMENT OF PULMONARY DISEASE.

BY WILLIAM S. GATTHEIL, M. D.,

Physician to Lebanon Hospital, New York, N. Y.

In the treatment of tuberculosis and tubercular diseases, creosote and its combinations stand pre-eminent. The classical experiments of Burlureaux, Sommerbrodt, Bouchard and others have proved its immense value beyond peradventure.

From the start, however, the experimenters were confronted with one great practical difficulty—creosote is irritating, even in small doses; and very large doses were found necessary if the desired effect was to be obtained.

The stomach soon rebelled against half-ounce doses. The rectum bore creosote injections for a short time, and then refused further service. Hypodermatic injections were resorted to, with indubitably good results, but its technique was so complicated as to almost place it outside the range of practical therapeutics; at all events in private practice.

The oily solution of creosote must be introduced with extreme slowness into the subcutaneous connective tissue; and the automatic injector and two hours of time is required for the injection of 50 to 75 grains of the creosote.

Thus we were in the unfortunate position of seeing our patients improved up to a certain point, and in need of more of the remedy, and yet unable to take it.

Luckily chemistry has come to our aid, and has given us combinations of creosote that are less irritating than the drug itself, and just as effective upon the disease process.

There are several such combinations now at our disposal, but the only one with which I have had experience is the carbonate of creosote. This combination was discovered in 1891 in the Von Heyden Laboratory at Rodebeul.

Creosote carbonate is a syrupy, golden liquid, more or less thick in accordance with its temperature. It tastes and smells but very slightly, indeed, of creosote; yet it contains 92 per cent. of that drug.

So little repugnance do patients show to its taste that they take it like cod-liver oil, by the spoonful. I have not found it necessary, as recommended by Chaumier, Triaire and others, to put it in capsules, or administer it in the form of an emulsion.

Creosote carbonate is largely eliminated by the kidneys; it can always be found in large quantities in the urine whilst it is being administered. But some of it passes off by the lungs, and its odor is perceptible in the breath.

Yet none of the few cases in which I used the drug in large doses was there nausea or vomiting or any trouble with the stomach or intestines. In every case there was improvement of the appetite and strength, diminution of the cough, and increase of the body weight.

CASE I.—K. M. Aet. 30. Single.

The patient has been under treatment and close observation for a long time, being of a weak and sickly disposition. Without there being anything positively wrong with any of the internal organs, the patient has been anaemic and delicate, and has suffered several times each year from violent attacks of gastric catarrh, some of which have confined her for weeks to her bed. Last winter her persistent ill-health and progressive emaciation led her to make a careful physical examination again. It revealed moderate consolidation at both apices.

The condition of the patient's stomach was such as to make treatment a matter of difficulty. All the ordinary expectorants, terebene and creosote in various forms proved too irritating. They all had to be stopped in a day or so, on account of the gastric intolerance. Anorexia, nausea and vomiting, and diarrhea, were at once set up.

During the spring and summer the general irritation improved, but the paroxysmal cough was extremely troublesome. Several attacks would occur in twenty-four hours; and a single attack often lasted, according to the patient's statement, more than half an hour. Recourse was finally had to morphine, as about the only thing that would affect the cough; with all its disadvantages, it had to be employed—and the patient was kept fairly comfortable.

In November, '93, my attention was first called to the creosote carbonate of Van Heyden. I was at first sceptical as to its advantages over other forms of creosote, which, as I have said, had been unsuccessfully tried. Nevertheless, in de-

spair at the growing inefficacy of the morphine in the small doses in which alone I felt free to use it, and at the renewed beginning emaciation and gastric troubles of the patient, I put her on the new preparation in the dose of half a drachm three times a day, taken plain. At the same time the sedative cough mixture was stopped, and all other treatment suspended.

When I saw the patient two weeks later, she was enthusiastic in her praise of the creosote carbonate. It had not affected her stomach at all; in fact, she had less nausea and more appetite than for months past. As regards its effect on the cough paroxysms, she says that it is far superior to her old (morphine) mixture. The spells have been remarkably few, and of short duration. The evening dose almost always keeps her quiet during the night.

I saw the patient at intervals during the next two months, and the good effect of the creosote still continues. She coughs still—but less often and less long and less severely than she has for many months. Her appetite is fair; nausea has hardly been present at all. But best and most important of all, she has gained three pounds in weight; and this during the winter season, during which, in previous years, she had steadily and continuously lost ground.

She is still taking the creosote carbonate, and I propose to keep her on it throughout the entire spring.

CASE II.—This was a young married woman, aged about 33, and the mother of two children. Of spare build and nervous temperament, her family history is such as to render anything of the nature of a chronic bronchial or pulmonary affection occurring in her a source of great anxiety to her medical attendant. Her mother died of some unknown lung trouble; two sisters have died of consumption, and a third is in delicate health, and, though I have never seen her, the description of her case leads me to suspect the existence of chronic pulmonary disease.

When, therefore, she came to me this winter with a history of general malaise, want of strength and ambition, loss of appetite and flesh, together with a persistent cough, I naturally regarded the case as a serious one. Examination revealed marked emaciation, and the patient admitted having lost at least seven pounds since last summer. Cog-wheel breathing and moist rales were

present at both apices, and were very audible both back and front.

I explained to her the frailty of her constitution, in view of the probable hereditary weakness of her pulmonary organs. Besides regimen, clothing, bath, etc., I used but one drug—the creosote carbonate of Von Heyden, and that she has been taking steadily from that time to this.

Its effect has been all that could be desired. The cough has diminished, and the apex catarrh has almost gone. Her general condition has improved so markedly that all her friends have remarked it. The tiredness, malaise and inability to work have gradually lessened. Sleep is better, since no longer disturbed by the cough. There has been a slow but certain increase of weight, amounting to a little less than half a pound a week. She is at this moment in about the same condition that she was last winter.

CASE III.—The last case is one of a man of 44 years of age, a chronic sufferer from catarrhal pharyngo-laryngitis. He was sick all last summer, though not under my care. I am unable to make out the exact nature of his former illness; but it was marked by coughing, slight expectoration, general weakness and loss of weight. No history of fever, night sweats, etc.

Examination reveals considerable emaciation, and the patient admits having lost 10 pounds during the summer. His former weight was 150; now it is less than 140. Pulse, 97; respiration, 20; temperature (oral), 99½. There is marked dullness at the right apex, with retraction and bronchial breathing. A few moist rales.

Treatment was not very effectual until he was taking creosote carbonate in three drachm doses daily. His weight slowly increased; his coughing spells became less severe. At the present time he has been taking creosote carbonate for about one month.

The result in this case has not been as marked as in the other two; but the patient has improved. His weight now is 143 and, whilst the physical signs are practically unaltered, his general condition is better.

The uniformity of these results is proof conclusive to my mind of the absolutely non-irritating nature of the creosote carbonate of Von Heyden. In Cases I and II the patients themselves realized, and in a very short time, the benefit that they were deriving from the creosote carbonate, and they would not have permitted me to make any change in the treatment. Case I was one of marked gastro-intestinal weakness, and here the creosote achieved its greatest triumph.

New York, 25 West Twenty-third street.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

Subscription Price, - - \$1.00 Per Year.

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PUBLISHED BY

THE MEDICAL PUBLISHING CO.,

Communications are invited from all parts of the world. Original articles are only accepted when sent solely to this Journal. Abstracts, clinical lectures, or memoranda, prescriptions, news and items of interest to the medical profession are earnestly solicited.

Address all communications to

1725 Arch Street.

PHILADELPHIA, FEBRUARY 17, 1894.

CANCER OF THE OESOPHAGUS.

Malignant disease of the oesophagus is practically a masculine infirmity. It always pursues a steadily fatal course, and invariably kills by starvation, unless the patient be cut off by some intercurrent malady.

The patient may have a ravenous appetite, but the portal to the stomach is so closed that no solid food can enter. Some days deglutition is possible; while on others, swallowing of everything is quite difficult or impossible.

It is curious to notice that the canal never is so completely closed that nothing can pass into the stomach, and that there are some things which can be swallowed with ease, while others are rejected.

What shall be the treatment of the cases, in view of our knowledge of their history?

Modern surgery has promised much for their relief; however, it remains an open question whether, on the whole, these gastrotomies prolong life or even afford relief commensurate with the great danger always attending their performance.

Opium and alcohol tend to buoy up the drooping spirits of the unfortunate until death comes to relieve the misery.

HEALTHY BLOOD.

In an article in "The Sanitary Era," under the title of "Hemathery," the importance of establishing healthy blood in disease is at length discussed. This is a point that has been maintained so long as medicine has had any foundation whatever. The difficulty has been to find anything that would take the place of blood in its important function of maintaining life. While the article in "The Sanitary Era" is written in behalf of an excellent food product, extracted from bovine blood, called "Bovinine," there are many points regarding the treatment of disease by establishing such relative proportions of the blood elements as are found in health, which are well taken.

Obviously, healthy blood will induce a healthy growth of tissue, as we all know the latter depends upon the former for its vitality; but, on the other hand, can healthy, new blood, and we now intend transfusion, alone bring out of the diseased a renewed and reorganized structure? If so, let us establish new methods of procedure and devise some operation whereby animal blood, or some equivalent in chemical and physiological composition, can be continuously introduced into the organism through the capillary system until all vestige of diseased blood is removed. In other words, irrigate the vascular system.

This may seem like courting the impossible, but it is to be considered, in the light of the present progress of medicine and surgery, that we may expect nothing short of the marvelous.

If the phagocytic function of the leucocytes is to be accepted as a sound theory, and facts seem to bear out this assertion, there seems, also, to be good ground for believing that in the future we shall be taught a method of establishing sufficient leucocytes in the blood to counteract all injurious advances from the exterior bacteric world.

We see and hear a great deal about "animal extracts," "thyroid juices" and elixirs of life of late, and are asked to believe a great many impracticable things, not to say dangerous, so that we are led to ask whether it is a love for true scientific advancement that now pervades the medical mind, or a desire for fame and a few almighty dollars.

MEDICAL JOURNAL STATISTICS.

We are pleased to note that some of our esteemed contemporaries, notably "The Journal of the American Medical Association" and "The New York Medical Record," have been indulging in a little controversy as to the superiority in the number of words contained in these respective weeklies.

Strange as it may seem, this affords "The Times and Register" an unlooked-for opportunity to compare very favorable notes, and take issue with our most excellent exchanges, the above-mentioned journals, upon this very question, if a money value is placed on the quantity of words.

In the February 3d issue of The Journal of the A. M. A. it is claimed that the January 20th issue of the same journal contained 47,520 words. This, if taken as a weekly average, which is also claimed, would make a yearly total of 2,471,040 words in 52 issues.

It is also stated in this journal that the January 20th issue of the New York Medical Record printed 44,800 words, which, if taken as a weekly average, would amount to 2,329,600 words in 52 issues for the latter journal.

For these totals of words the respective journal's subscribers pay \$5 a year, which, if figured on a basis of equivalents, amounts to 494,208 words for every dollar paid to the Journal of the A. M. A., and 465,920 words for every dollar paid the New York Medical Record.

The "Times and Register" prints, weekly, 16 pages of leaded minion type, which runs an average of 800 words to the page, or 12,800 words an issue. This amounts to a total of 665,600 words a year of 52 issues, or from 170,000 to 200,000 more words per dollar paid "The Times and Register" than the above medical weeklies, respectively: "The T. and R." being but \$1 a year.

While it may be pleasing to take account of stock in this way, it ought not to be the prime requisite of a medical journal to print a greater number of words than some other. Quality in place of quantity should be the maxim, and we only assert that a physician should find in "The Times and Register" many times the worth of the price of subscription, as doubtless the subscribers of the Chicago and New York journals also find from these.

We acknowledge the superior size of

our above-mentioned contemporaries, but, when the boys gather around the corner to narrate their marvelous exploits, we like to be there, too, for sometimes it is the little fellow who has the biggest story.

A GOOD IDEA.

The American and Continal "Sanitas" Company are introducing an excellent sulphur fumigating candle for fumigating rooms. The sulphur is run into a tin dish, which is soldered into another similar but larger pan destined to contain water. The sulphur is ignited by means of a gauze wick, and the candle will burn for about three hours. This is a great convenience, and will save much trouble in looking up old pots and kettles to burn sulphur in for the disinfection of rooms.

Correspondence.

DIPHATHERINE IN DIPHTHERIA.

Sir:—In reading the article of Dr. P. Byron Anton, of Chicago, on diphtheria. I was very much impressed with the fact that he knows so little about the pathological conditions and physiological action of medicines in infectious diseases.

I venture to say that Dr. Anton will get the same results if he uses all the treatment he describes and leaves the so-called "Diphtherine" out entirely.

I also venture the assertion that no topical application will remove the cause or cure malignant diphtheria.

The throat symptoms are a result, a fruit of the disease, and the cause is back of the throat trouble.

I will also venture to say that with hydrargyri chloridum mite administered in purgative doses the first day or two and a topical application of lemon juice or a gargle of a sat. sol. of potash chlorate will accomplish all that is to be desired in the treatment of diphtheria.

To give some weight to my assertions. I will testify that with the mineral part of the treatment properly administered in connection with other treatment suggested by the complications of diphtheritic cases, I have not lost a single case in 24 years of general practice.

The mercury, gentlemen, does the work, and "don't forget it," nor be afraid of it. I have given one case—a boy, 10 years of age—as much as one to one and a half drachms of hydrargyri chloridum mite, all inside of seven days, doing no harm and saving his life. It seemed impossible to get his secretions.

to act, and the excretions removed from the alimentary canal, which is absolutely necessary to remove the cause.

No; what is done in malignant diphtheria must be done the first 24 to 48 hours, or little can be done in the majority of cases.

What causes the diphtheritic deposit in the throat and fauces? I answer a vitiated chyle, produced by fermentation, and decomposition in the duodenum; in fact, the chyme is not all separated in the "second stomach," and as a result the lungs are called upon to eliminate secretions and excretions by exhilaration.

This noxious carbonaceous and poisonous gas exhaled is what fertilizes the mucous soil of the throat, larynx, pharynx and fauces, and a development of the diphtheria germs so rapidly; so I insist that the deposit in the throat is caused by exhilaration from the blood and not directly from the stomach, as some authors claim.

The proper thing to do, then, is to remove the cause by supplying the duodenum and the whole alimentary canal as soon as possible.

A good size dose of the mild mineral should at once be given, say 10 to 20 grains to an adult; 5 to 10 grains to children, repeated every 4 to 6 hours until free purgation is the result.

Generally one or two decided doses will suffice, however. Don't fear to give it freely and frequently, especially if your patient is a child under 10 to 15 years, and the temperature is high and there is a tendency on the part of the patient to much stupor.

As soon as the alimentary canal is emptied well and the secretions acting, the temperature will immediately fall and the patches in the throat diminish in proportion as the cause is removed from the alimentary canal.

I desire to say in conclusion that I believe that the mercurial part of Dr. Anton's treatment does the work attributed to the "diphtherine."

To relieve the pain in the throat and fauces I prefer "firinol" manufactured by W. C. Downly & Company, Washington, D. C. Doctors Hyatt, Gardner and other prominent physicians in this city prefer firinol in the topical treatment of muco-nasal, pharyngeal and laryngeal affections.

Firinol is composed of the following ingredients: Benzo boro-phenic acid, combined with the medical properties of pine, cubebs, thyme, eucalyptus and mint, held in solution by a chemically pure oil of petroleum.

I would not like to use "diphtherine" as a topical application in any mucous or ulcer trouble, not knowing its "make up."

I desire to add that I consider it almost a crime to lose a case of diphtheria, scarlet fever, typhoid fever, or, in fact, any infectious disease—unless complicated—with all the improved methods of treatment at our command.

Respectfully,

N. B. SHADE, M. D.
Washington, D. C.

DIPHATHERINE.

Sir: The T. and R. of the 3d inst. at hand. Thanks for extra copies.

In reply would say I did not know you wanted the composition of the so-called "Diphtherine" or I would have given it to you. This is the formula as I find it on the label: Hyd. Chlor., con. Acid Carbol., Iodoform, Acid Boracic, Acid Lactic, Pepsin, Ether. I can give my word that the 210 cases that I treated were true diphtheria—for my part, I think diphtheria very easy to diagnose—the disease is nearly always well developed before the physician is called; the membrane is very characteristic; I could not be mistaken. I have treated follicular tonsillitis with the same remedy with the same good results as in diphtheria.

P. BYRON ANTON, M. D.
429 Garfield Boul., Chicago.

Book Notes.

ATLAS OF CLINICAL MEDICINE. Vol. 2, Part 3. Byrom Bramwell, M. D., F. R. C. P., F. R. S., Edinburgh: Published by T. and A. Constable at the University Press.

This is a large atlas work with excellent plates appended. It opens with a chapter on exophthalmic goitre, following which is an interesting chapter on acromegaly, enlarged extremities, which is a rare disease, first described by Marie, of France, in 1885. The plates appended to these chapters are very good illustrations of the important point of each.

A consideration is then given general exfoliative epidemic dermatitis, accompanied by two colored plates of excellent representation.

There are also appended plates on unilateral hypertrophy of the face, and old age, the latter colored with tinting that is much more natural than is generally observed in these colored representations.

PROSPECTUS OF A STANDARD DICTIONARY OF THE ENGLISH LANGUAGE. Published by Funk and Wagnalls Co., New York.

A two-volume edition of this work was begun some four years ago; the first volume has appeared recently. The dictionary is intended to cover words of all branches of science, and contains the most recent new words of any dictionary now published. Some of the most prominent medical men of the day are on its editorial staff.

BOOKS AND PAMPHLETS RECEIVED.
ESTABLISHING A NEW METHOD OF ARTIFICIAL RESPIRATION IN ASPHYXIA NEONATORUM. By J. Harvie Dew, M. D., New York.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M. D., Chicago, 834 Opera House Block.

OBESITY.

Appreciating the many articles from your pen in the medical journals I write to ask you to suggest something that will relieve my condition. I am suffering from obesity and my weight has increased in four years 32 pounds, and I lead an active life of a country practitioner; my liver is regular, one stool per day; kidney over active, urine perfectly clear and no trace of albumin or sugar; but I have an awful thirst and a good appetite, and I sometimes think I indulge the latter too freely. I now weigh 198 pounds, and want to pull off about 30 pounds. Am temperate in my habits, sleep well, do not drink, smoke or chew tobacco, have tried phytolline and the famous obesity specialist, Dr. Snyder, of Chicago, without any result except phytolline, which reduced me 10 pounds, and I increased after second month, while taking the medicine.

J. S. Y.

(Take no water or other fluid at any time, except one cup of any desired hot drink, just before rising from the table. Use no liquids while eating. Avoid sugar, nuts and pastry. Eat nothing between meals. Confine the diet to lean beef, mutton, chicken, turkey, fish, eggs, or oysters, with one slice of stale bread well dipped; the bulk of the meal being of tomatoes, celery, spinach, turnips, cabbage leaf, but not the fleshy midrib, and fresh or dried fruits, cooked without sugar; such as apples, peaches, plums, pears, prunes, prunellas. A little cheese is permissible; coffee, tea, skimmed milk or buttermilk, after eating, as stated. Exercise should be taken, running being most effectual, before breakfast or before going to bed.

W. F. W.)

ADENITIS.

I have a patient who has enlargement and induration of the submaxillary, post-auricular and occipital lymphatic glands of about two years' standing. She is 65 years of age, of good family history, so far as I could obtain, and has always enjoyed comparatively good health. Her general health is very good at present. Weighs about 180 or 190

pounds. The enlargement was first noticed during an attack of intermittent fever two years ago. It is considerably worse during the winter months, especially if she "takes cold," and sometimes interferes with breathing and digestion. She only recently came under my observation, having been treated in the meantime by two other physicians without any apparent benefit.

Please advise me as to treatment and oblige.

J. H. C.

(Be sure it is not cancer first. Then look to see if one gland has not suppurated, or if some point of suppuration is not present to keep up the glandular irritation. I have treated a cluster of enlarged glands without success, until I removed one that had suppurated, when all the rest yielded to medicinal treatment. The best local application is phytolacca, and this is best applied in the form of a soft extract made from the fresh root. Internally, phytolacca and iodide of iron should also be given, in full doses. The use of electrolysis is advisable if the above remedies prove unavailing; but persistence will usually bring about a cure. If the spleen is also enlarged, I would add to this treatment the administration of ext. cinchona, gr. xxx daily.

W. F. W.

TIC DOULOUREUX.

Be so kind as to give me your treatment for Tic Douloureux, with a tender point over the malar bone. It is not dental, as she has had all her teeth extracted. She has no renal disease or malaria. Would electricity be good?

(Persistent pain or tenderness indicates structural changes in the nerve or its surroundings, by which the nerve is interfered with in its course through the bony canals or foramina. This requires surgical relief. Blisters over the tender spots, with mercury and iodine internally, pushed to the verge of toleration, are the only other remedial measures for such a state of things. For neuralgic pain, the constant current, injections of osmic acid or theine as near the nerve as possible, and phosphorus, strychnine, arsenic, quinine and Vallet's mass, all in full doses internally, are the best remedies. The severer methods of counter-irritation, cautery, moxæ, etc., possess no real advantage over the blister.

W. F. W.

BLADDER TROUBLES.

Having just received your Manual, I find there is a Bureau of Information under your charge. I avail myself of the opportunity to present a case which gives me a great deal of trouble. A lady, about thirty-five years old, married twelve months, was confined five weeks ago: the head presented, which was so large that I had to use the forceps. Eight hours after the child was born the mother passed half pint of urine. The next day she suffered with incontinence of urine. Two days after she held her urine five or six hours, and then passed more than a half-pint at one time. Since that she has had no control over her urine, which is constantly flowing, keeping her wet. She has no desire to empty her bladder. The next day after her confinement she nearly lost the use of her lower limbs, but after using stimulating liniments she recovered, and is now going about the house comparatively well, with the exception of the bladder trouble. I have given ergot and nuxvomica without any benefit. I would be very thankful for anything you would suggest for her relief.

JOHN COLLINS, South River, Md.

(First examine to see if a vesicovaginal fistula has been formed. If not, give strychnine, beginning at gr. 1-40, three times a day, and gradually increase till she is better or else decided signs of strychnine poisoning are manifested. Cantharides in small doses may be also given, but carefully, as this drug easily irritates the bladder. If no improvement results, electricity must be employed to restore the functions of the vesical sphincter. Paralysis of this, or of the detrusor, is not uncommon after delivery, when the head is large and forceps used.

W. F. W.)

NEURASTHENIA.

Please advise me on the following case in the Bureau of Information in "Times and Register:"

Mrs. S., aet. 28, brunette, short in stature, well formed, and of good family history, presents the following train of symptoms:

Two years ago she worked very hard

for two days, when all at once she felt as if her heart had stopped beating; her throat and lungs felt full, her arms numb, and a severe pain in the occiput. Under nerve stimulants, combined with heart tonics, she improved for one year, so she was enabled to ride out some.

At this time she visited a gynecologist, who said her trouble was all due to endometritis. Under his care she improved for a time up to a certain point, when she visited and placed herself under the care of a second specialist of diseases of women. Under his care she made no permanent improvement.

She now presents the following symptoms: Menses normal, except a little tardy; bowels, stomach and other organs normal; heart sounds regular, eyes unable to stand much strain without aching. On least exertion a pricking, and at the same time a helpless sensation is felt in the hands and forearms. A small amount of exercise brings on a helpless feeling in all the limbs. Some hysterical symptoms of crying, despondency, etc., but slight. Tongue clean, appetite good.

Sexual desires lost and repugnant. She has had electricity, valerian, strychnia without apparent help. No spinal tenderness can be found. I might add, as a help in diagnosing, that she was at the bedside of a sister who died with spinal disease, and felt assured she would die likewise.

S. S.

(I consider this a case of neurasthenia, with possibly a hysteric element. Indeed, I do not see how so neurasthenic a case could help being hysteric. My treatment would be the Weir Mitchell "rest" as a basis, with careful feeding and such other remedial methods as would be indicated by her condition. I have so many times to use these words that my readers must get tired hearing them, but I get more and more to prescribe for the individual and less for the disease. Exercise and the return to the duties of life should be allowed with great caution. As a tonic, the hypophosphites of strychnine and lime should be of service. Galvanism, faradism and massage may be indicated, but this can only be said after an examination of the nervous condition by the use of both currents.

W. F. W.)

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

THE SURGICAL TREATMENT OF HYPERTROPHIED PROSTATE.

Hypertrophy of the prostate is an infirmity in the aged of the male sex, which is a source of great distress and misery when excessive and allowed to go untreated.

The site of enlargement is most frequently in the middle lobe; the third, as it is sometimes called.

Pathologically, it consists in an interstitial hypertrophy of the cellular elements, which later undergo fibrinous changes, condensation and hardening.

When it has a narrow stalk or pedicle, this rises and falls with the urinary tide, and acts as a ball-valve, in blocking the urethral opening in such a manner, that when one attempts micturition, the more straining applied, the closer does the pendulous mass contract the urethral opening; and thus urination is always difficult, residual wind remains in the bladder, decomposition sets in, cystitis follows, and infection may extend along the ureters to the kidneys.

Now, there have been of late years two principal measures of treatment for this unfortunate condition.

One has been, the tenative, and the older, and the other the modern or radical.

The former consisted of constitutional medication and the systematical employment of the catheter by the patient himself.

When the antiseptic wave swept over the profession, radical measures were almost at once applied to all those vesicular troubles caused by an enlarged prostate. The thing was gouged out, tunneled, burned with the galvano-cautery, or amputated.

It was commonly reached by two routes, either the perineal or supra-pubic, the latter being the most popular.

In the majority of cases, the latter class has been followed by unsatisfactory results. The mortality attending it has been larger. The terrible loss of blood, with septic infections, has told with great effect against it. There is no concealing it, prostatectomy is attended with many difficulties, and is so dangerous to life, that in none but exceptional cases, in which all palliative

means have failed, should it be undertaken.

Rather give the safer and simpler therapy a fair trial first.

HYSTERECTOMY FOR CANCER OF THE CERVIX.

Dr. Maurice H. Richardson, in a paper contributed to a recent number of the "Boston Medical Journal," points out that the liability to recurrence after operation in uterine cancer equals, if it does not exceed, cancer of the breast. His main point, however, is the discussion of the question of hysterectomy for cancer of the cervix by combined abdominal and vaginal dissection, and his conclusions are that the advantages of the vaginal method are: (1) Less liability to peritoneal contamination. (2) More intelligent and thorough dissection of the local disease, while its chief objection is the difficulty in controlling hemorrhage. The advantages, on the other hand, of the abdominal method, consist of: (1) A conclusive investigation of the disease itself, its local extent, and its possible remote metastases. (2) The rapidity and safety by which the broad ligaments may be tied and cut. (3) The ease with which the ureter may be isolated and kept on one side. (4) The control of the hemorrhage. Its chief disadvantage is the impossibility of thorough dissection and removal of the cervical portion of the disease. The superiority of the combined method is apparent in (1) The opportunity afforded for thorough dissection both of the local disease and the broad ligaments. (2) The certainty by which hemorrhage may be prevented. (3) The protecting of the ureter. (4) The saving of time. The author further points out that the combined method is applicable more especially to cases where the disease involves the cervix and a portion of the vaginal mucous membrane, and to cases in which the uterine body is large and fixed.

PRIMARY SARCOMA OF THE LUNG.

Ferraud presented to the Medical Society (Paris) specimens from a case of sarcoma of lung. The symptoms were

intercostal pain, dyspnoea, absolute dullness. On auscultation the vesicular murmur was heard at the base and summit of the lung, but not in the middle portion; no egophony. Interlobar pleurisy was first thought of, but punctures by aspirator failed to bring any fluid.

The patient became cachectic, had glandular enlargements, heart displaced to opposite side, absence of bacilli in the expectoration, diminution of urea. A new diagnosis of pulmonary cancer was made.

At the autopsy a large tumor of the shape of a bunch of grapes was found. It was adherent to the hilum, and had crowded to the surface the parenchyma of the lung, which was greatly compressed. Microscopic examination showed the growth to be a spindle-celled sarcoma.

* * *

He also showed specimens from a woman who was admitted to the hospital for uterine symptoms referable to an epithelial cancer of the uterine neck. Three days later the woman was attacked with hemiplegia, with conjugate deviation of the eyes, and died. The post-mortem revealed, besides cardiac and cerebral lesions, a cancer of the liver, which had not been suspected.

—L'Union Medicale.

OPERATIVE TREATMENT OF PERITONEAL TUBERCULOSIS.

The Boston Medical Journal says: The value of operation in the treatment of peritoneal tuberculosis in children has been much disputed and even yet is by no means generally allowed. The numerous cases benefited by laparotomy have been challenged as to correctness of diagnosis and the indications which were believed to predict a favorable result. The report of Conitzer* of seven cases operated upon for tuberculosis of the peritoneum throws some light upon the points in dispute.

The children varied from $2\frac{1}{4}$ to 9 years old. Four cases were of the exudative form, in which there was a diffuse superficial inflammation of the peritoneum, with numerous very small tubercles upon the parietal and visceral membrane, and free serous fluid in the abdominal cavity. In all of these cases there was but slight disturbance of the general health. Some anorexia and heaviness and disinclination to move about were the chief symptoms. Some of the

* Deutsche Med. Wochenschrift, No. 29, 1893.

patients, too, had gray-colored stools, though not otherwise icteric.

The other three cases were of the dry adhesive form, in which there was more general disturbance and often pain, and a considerable degree of matting together of the intestines and omentum.

The operation consisted only of an incision into the abdomen, and, after allowing the free fluid to escape, closing up the wound. No washing or manipulation of the cavity was done in any case.

TWO RARE VARIETIES OF STRANGULATED INGUINAL HERNIA, COMPLICATED BY RETAINED TESTICLE.

BY GEO. HEATON, M. D., F. R. C. S.

The author reports two very interesting and unusual types of strangulated hernia.

In both the testicles had not descended into the scrotum.

In one case the true character of the case was not realized when an operation was done; and hence no relief followed, and patient sank the following day.

In the second case the condition was essentially the same, though it appears the hernial mass had made its way out through the internal ring. The patient made a good recovery.

This is the class of hernial operations which call for extended experience, combined with an intimate knowledge of those anatomico-physiological deviations dependent on ectopia-testis, without which an operation undertaken for their relief is practically futile.

Lancet, Jan. 27, '94.

MENINGO-CEREBRAL LESIONS IN THEIR RELATION TO FACIAL NEURALGIA.

Voisin found at an autopsy on a case of uterine cancer the following lesion: Compression of a part of the right ascending frontal and parietal convolutions, by a kind of creamy substance, formed from the cephalo-spinal fluid.

The woman was subject to melancholia, following right facial neuralgia, which had obstinately resisted treatment, in addition to the cancerous disease.

—Revue Medicale.

BILLROTH DEAD.

Billroth, the distinguished surgeon, of Vienna, died on February 6, at the age of 64 years, while temporarily absent on a vacation.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

SOME NOTES ON GONORRHOEA.

(From article in *Revue Medicale*, by Dandols.)

It is not easy to draw the line between acute and chronic gonorrhœa. The latter generally begins at a period when the patient considers himself practically cured. The gonococcus being the active cause the first step in any case is to see if it be present in the discharges or in the urethra.

A distinction is to be made between blenorhagia and blenorhœa, the former condition indicating that stage of chronic gonorrhœa where the coccus is still to be found, and the latter a later stage, where it is wanting.

The first treatment of specific urethritis is the same in acute and chronic cases, but in general there is little to expect from the use of the syringe, as the germs are buried in the surface of the posterior urethra and of the glandular canals opening into this portion. If recrudescence of the original inflammation occurs they are useful in allaying its severity.

It may be stated that any flow, freely purulent in 48 hours after suspected coitus, belongs to a lighting up of the original attack, and not to a fresh infection, which requires from three to five days before taking on this character. Thus many persons think they have had numerous attacks, when in reality they have only suffered from a continuation of the original one.

Lavages are to be preferred to ordinary injections, and permanganate of potassium appears to be one of the best agents to use. The wash must penetrate to the posterior urethra. From six to seven lavages, one each day, usually suffice to destroy all the germs, although some claim inflammation of a non-specific character may still remain. Although the specific microbe is destroyed there will still remain varieties of pathogenic microbes, which may keep up more or less discharge.

The urethra of the male being very receptive of microbe germs, may take on inflammation from many different causes. The discharge comes on in 12 to 24 hours after coitus (if due to that cause), is whitish (rarely greenish), abundant, contains leucocytes, epithelia and

swarms with microbes, among which one species predominates.

Dr. Janet, in view of this receptivity, lasting for fully two months after the cure of a gonorrhœa, advises disinfectant precautions after coitus, and advises against marriage during this period.

Finger says that we should not consider gonorrhœa cured, and permitting of marriage, except the following conditions are present.

1. No gonococci, even after reaction provoked by nitrate of silver.
2. No leucocytes among the mucus or epithelia.
3. No genital complication.
4. No strictures.

The treatment of this stage is by sublimato, which destroys all the different microbes. The lavages are generally enough, the first 1-20,000, the second 24 hours later, 1-10,000, the diluent being pure distilled water. In the strength 1-3000 it makes a good disinfecting preventive wash.

E. W. B.

THE STERILIZATION OF MILK.

Dr. Chavane; Extracted from *Archives de Toxicologie*, etc.

The paper deals with the subject on the large scale, and also on the process as performed on small quantities. The latter only will be described here. The apparatuses are all similar to the Arnold sterilizer used in this country; the method of closing the bottles is, however, different.

The bottles containing 200 grammes should only be two-thirds full. The neck is carefully made in a flaring shape; on the opening a small rubber disc 4 mm. in thickness, and the exact diameter of the opening, is placed, and over this is slipped a short metal cylinder having three horizontal claws projecting toward the centre, at the upper opening. The object of the cylinder is to keep the disc in position.

The bottles are placed in the sterilizer, and the water kept boiling for forty minutes. At the end of this time the milk has acquired a temperature of 100 degrees centigrade.

As soon as the bottles are lifted from the apparatus the discs are forced by atmospheric pressure into the necks of the bottles, forming a perfectly airtight joint.

The depression of the disc is an evidence of the success of the operation and a guarantee of the quality of the milk.

The apparatus described is that of Soxhlet, and is probably the best resume. The temperature of 100 degrees centigrade appears to be sufficient for perfect sterilization for a period of twenty-four hours. The process should be repeated daily.

E. W. B.

CICATRICAL STRICTURE OF THE URETHRA.

Strictures of the urethra are due either to a chronic inflammatory process, or to a cicatrix rapidly formed, and which starts from an ulceration of the canal.

There are two classes of urethral constrictions, the first comprises inflammatory strictures, caused usually by gonorrhoea, whence the name gonorrhoeal strictures; the second includes those strictures due to a more or less deep loss of substance of the urethral wall, from traumatism, chancrous ulceration, etc. These go by the name of cicatricial strictures.

Sometimes the two processes are united in the same subject—these form a group, which may be called sclero-cicatricial strictures. These last affect by preference the anterior half of the canal.

The cicatricial variety may be met with in all parts; in the membranous portion, as consecutive to pelvic fractures; in the buebar region, due to urethral rupture from falls, (horseback, etc.) in the penile portion from violence in coitus, ruptures during chordee, urethral chancres, etc.

Gonorrhoeal strictures are most frequent in the bulbar portion; are of slow evolution and generally curable by dilatation or urethrotomy. Cicatricial strictures are produced rapidly and have a great tendency to contraction, and are refractory to treatment, especially when circular; when not completely surrounding the canal the chances of cure are greater.

—Annales de la Polyclinique de Bordeaux.

PRACTICE OF MEDICINE BY FOREIGNERS IN FRANCE.

Since the new law on the practice of medicine went into force a German physician has received notice to discontinue practice in French territory. This is in requital of the act of the Germans, who, in 1889, forbade a French doctor to practice in Germany.

—Progres Medicafe.

DEATH FROM HEATING PUBLIC VEHICLES.

At the late meetings of the Academy of Medicine the discussion has been on cases of death by suffocation resulting from the use of charcoal used for heating public vehicles. Agitation for the abolition of these heaters has often occurred before, but without result.

—Bulletin de L'Academe.

TREATMENT OF CHRONIC RHINITIS.

Perchloride of iron solution, (30 per cent.) diluted with distilled water in proportions of 1 to 1, 1 to 2, 1 to 4, is recommended by Dr. Mounier as one of the best treatments for chronic hypertrophic rhinitis. It is especially available in young children, as it is a stringent caustic, while almost painless in its action. In infants at the breast, in whom, in addition to adenoid vegetations, there is commencing rhinitis generally strenuous in character, the remedy relieves the obstruction to breathing very satisfactorily. It is applied by a probe wrapped with cotton, and may be preceded, if desired, by a solution of cocaine.

—La France Medicafe.

CANTHARIDIN IN LUPUS.

Liebreich and Saalfeld make very favorable communications on the treatment of lupus with Cantharidin. Disease of the kidney is not frequent if this drug is used with care. Liebreich keeps a solution of 0.2 grains of cantharidin to 1000 grains of distilled water. The solution may be kept for years. The tolerance varies. A boy of 10 could not take more than four drops three times a day, whereas a younger one could take nine. He gives it three times a day; the patient should always eat something afterwards. The results are somewhat slow, but preferred to those of any other method.

—Berl. Kl. Woch.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

A REVIEW OF RECENT ELECTROTHERAPEUTICS AND ELECTRO-SURGERY.

Dr. John J. Caldwell, Baltimore, Md., in an interesting article in the "Charlotte Medical Journal" reviews the medical uses of electricity from its earlier history to the present time, and says that electricity is capable of producing the most varied results on the human system according as it is directed by the hand of a skilled or ignorant operator.

It is a boon for good if rightly handled, and one of our best and often our only therapeutic resource in many nervous troubles, in cases of drowning and in the restoration from narcotics; but it is a hindrance and disadvantage when misapplied.

It has of late years become a help in diagnosis, a means of detecting malingering, and in reducing to a state of complete resolution growths which formerly were dealt with only by the surgeons' knife, or allowed to carry the patient to his grave.

Dr. Caldwell calls electricity in the form of the galvano-cautery the "bloodless knife," destroying disease tissues, yet shedding no blood; destroying almost painlessly not the growth only, but the cellular condition around on and by which the diseased mass derives its size and strength. It acts like the ligature also, constricting the supply and thus starving the growing tumors.

As the result of his experience, he affirms that the successful application of electricity is in no case strikingly manifest than in this destruction of morbid growths by the electro-cautery, particularly in those of a soft and bleeding nature, such as those which are met with in the rectum, vagina, and other passages, and which being very vascular and fragile cannot be safely handled by any other surgical procedure. In nearly all cases of hemorrhoids and in fungus hematoides, where the knife is impracticable, it is wonderful how the tissues can be made to sere up and close the bleeding surfaces, yet at the same time to diminish to a great degree, and why should not this agency be found entirely applicable to certain cases of aneurism instead of ergotine

injections and the ligature, or the internal administration of the potassium iodide?

It has been to a degree serviceable in the form of electro-puncture in some cases of aneurisms, and Ciniselli, in "The Medical Press and Circular," of London, reported several cases of successful treatment of aneurism by this method.

The same force, modified, in the treatment of ulcers resembles the process of electro-plating, and is termed electrolysis, the mode of application being to apply a moistened porous paper or cloth with a solution of the mineral or styptic salts applying it to the ulcer, then placing the positive pole in the form of a zinc electrode to this covering and passing the negative pole gently around the ulcer.

We thus have an electro-chemical action brought about which deposits the mineral or metallic covering over the morbid surfaces, affording protection and healing excitation to the parts. Electro-epilation is now the great boon in female disfiguration.

The writer states that he has dissipated cirrhosis in its early stages and other tumors of various characters.

Galvanism has been successful in his hands in treating parasitic affections of the skin. In the treatment of the various neuralgias, galvanism is among our most useful adjuncts.

The morbid conditions likely to be benefited by electro-therapeutic application are summed up as follows. Partial, or even general paralysis, or wherever there is great atrophy or inert muscular action dependent on deficient nervous tone, or deranged action in the nervous centres; in the subjugation of violent pains in articular rheumatism; in atonic or debilitated conditions of the system due to impaired nutrition; in the removal of malignant tumors where surgical measures are inadmissible; in the ablation of soft morbid growths and in the dermal neuralgias accompanying occipital, scapular and brachial rheumatism.

He states that he has successfully removed three cases of cirrhosis during the early stages of development, and as yet there has been no return of the disease.

The electro-tonic action of electricity will be found useful in modifying irritability of nerves of special sense, while galvanism has been curative in partial paralysis of the vaso-motor nerves in troubles of the pneumo-gastric, such as asthma, dyspepsia, etc., in primary arterial spasms, in the early stages of progressive locomotor-ataxia, in apoplectic paralysis, in cases of progressive muscular atrophy and in neuralgic affections of the cerebro-spinal nerves.

It was for the relief of dyspnea that led Sir Wilson Phillips, of England, to try galvanism in asthma. By transmitting the current from the nape of the neck to the pit of the stomach he gave decided relief in every one of twenty-two cases.

Dr. Caldwell is also working upon an instrument which he calls the phonoplain, and which when perfected will be a great aid to electrical diagnosis.

Miscellany.

George Keil, 1715 Willington street, Philadelphia, announces the early publication (third edition), of the "Medical and Dental Register-Directory and Intelligencer," for the States of Pennsylvania, New York, New Jersey, Maryland and Delaware. It will present not only a complete list of all medical and dental practitioners in the States named, with place and date of graduation, but also lists of professional educational institutions, hospitals, societies, etc., etc., and will be of much practical value to all members of these professions.

PREDETERMINING SEX.

Dr. George Abbott, of Hamburg, N. Y., says that conception occurring just previous to the menstrual period results in boys; and if just after, in girls.—*Med. Record.*

Wrong; if there is anything in this, boys result from post-menstrual anemia conceptions.

DEATH OF DIDAY.

Dr. Paul Diday, the distinguished French surgeon, died on January 9, aged 83. He was one of the founders and the first editor of the Lyon Medical.

RIGID OS IN LABOR.

One-one-hundredth grain of atropine hypodermically administered will usually cause the complete relaxation of an unyielding os within fifteen or twenty minutes.

—E. H. KING, M. D., *Journal Mat. Medica.*

PORT PHYSICIAN.

Dr. Walter D. Green has been appointed by Governor Pattison physician to the port of Philadelphia.

The saloon-keepers and druggists of Englewood, a fashionable Chicago suburb, are at war. Many druggists have been arrested for selling liquor. The district is a prohibition one, and the saloons desire to force an entrance.

THE MEDICO EDITORIAL PARTY.

Through the courtesy of the Old Dominion S.S. Co., and Seaboard Air Line R. R., a party of medical editors, or representatives, left New York Tuesday, February 13, for a trip to the Southern health resorts as far as Atlanta, Ga., under the chaparionage of Dr. W. C. Wile, editor of "The Prescription" and "New England Medical Monthly."

The following are the names of the excursionists:

Dr. W. C. Wile, editor "New England Medical Monthly," Danbury, Conn., wife and daughter.

Dr. George L. Porter, of Bridgeport, Conn., represents "The Times and Register," Philadelphia.

Dr. E. C. Angell, editor "The Sanitarian," Brooklyn, N. Y.

Dr. Ferdinand King, editor "The Polyclinic," New York City.

Hon. Clark Bell, Esq., and daughter, editor "Medico-Legal Journal," New York City.

Dr. T. D. Crothers, editor "The Journal of Inebriety," Hartford, Conn.

Dr. T. D. Bailey, editor "The Brooklyn Medical and Surgical Journal," Brooklyn, N. Y.

Dr. Howard Van Rensselaer, editor "Medical Annals," Albany, N. Y.

Dr. W. Blair Stewart, "Medical Bulletin," Philadelphia.

Mr. Martin Griffing and wife, "The Danbury News."

Mr. R. G. S. McNeille, "Bridgeport Standard."

Dr. Alfred K. Hills, and wife, editor "New York Medical Times."